



King County Mental Health Chemical Abuse and Dependency Services Division 2002 Briefing Paper

MENTAL HEALTH OUTCOMES

BACKGROUND:

MHCADSD is committed to the use and publication of accountability measures that describe the King County publicly funded mental health system. In the quarterly mental health report card, we regularly publish outcome measures that describe the clinical achievements of persons receiving mental health services. We first began reporting client outcomes in 1996, with the current version finalized since 1998. The outcomes we report are:

1. Psychiatric symptoms (adults)
2. Level of functioning (all ages)
3. Reduction in homelessness (all ages)
4. Increase in independent housing (all ages)
5. Involvement in age appropriate activities (all ages)
6. Employment (adults)
7. The number and length of stay for psychiatric hospitalizations (all ages)
8. Incarcerations and juvenile detentions

ISSUES/CHALLENGES:

Data issues and challenges include: (1) identifying client population characteristics that may make a difference in outcomes achieved; (2) developing benchmarks to compare outcomes to in order to evaluate the meaning of the outcomes; and (3) developing methods to assess whether outcome achievement is related to therapeutic interventions. Until all of these issues are addressed, we are limited in our ability to fully understand outcomes. We can however, use individual providers' current outcome achievement compared to their own past performance to establish individual trends. We can also use system trends for monitoring and further exploration of questions raised by the trends.

The biggest issue, however, is our steadily decreasing funding (currently about a 20% reduction from 2000). Fewer dollars available for services has resulted in larger caseload sizes, less focused attention for clients, and decreased availability of specialty programming, such as employment services. These all have an impact on outcome achievement.

DATA:

Compared to 1998, the following outcomes have improved: psychiatric symptoms (80% stable or improved in 2001 compared to 76% in 1998); level of functioning (83% stable or improved in 2001 compared to 80% in 1998); involvement in age appropriate activities (65% in 2001 compared to 64% in 1998); decreased hospitalizations and length of stay (a 5% reduction in hospitalizations and a 1.4 day reduction in length of stay); and jail recidivism (6% had fewer incarcerations compared to 5% in 1998).

RECOMMENDATION/LEGISLATIVE ACTION:

MHCADSD will continue to publish clinical outcomes—both for the system and for individual providers – and will continue to look for ways to address the issues/challenges. Of critical importance, however, will be the stability of our funding.